

### **CITY OF BEAVERTON**

Community Development Department Planning Division 4755 SW Griffith Drive PO Box 4755 Beaverton, OR. 97076 Tel: (503) 526-2420 Fax: (503) 526-3720 www.beavertonoregon.gov

|                | OFFICE USE ONLY |
|----------------|-----------------|
| FILE #:        |                 |
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# **DEVELOPMENT CODE TEXT AMENDMENT APPLICATION**

| <u>APPLICANT</u> :                      | Use maili                               | ng addres                     | s for meeting notit  | ication.                  |             | Check box if Primary Contact                                                           |
|-----------------------------------------|-----------------------------------------|-------------------------------|----------------------|---------------------------|-------------|----------------------------------------------------------------------------------------|
| COMPANY: _                              |                                         |                               |                      |                           |             |                                                                                        |
| ADDRESS: _                              |                                         |                               |                      |                           |             |                                                                                        |
| (CITY, STATE, ZIF                       | P)                                      |                               |                      |                           |             |                                                                                        |
| PHONE: _                                |                                         |                               | FAX:                 |                           | E-MAIL:     |                                                                                        |
|                                         |                                         |                               |                      |                           |             |                                                                                        |
| (                                       | Original Sign                           | ature Requ                    | ired)                |                           |             |                                                                                        |
| APPLICANT'S                             | S REPRES                                | ENTATI                        | <u>/E</u> :          |                           |             | Check box if Primary Contact                                                           |
| COMPANY:                                |                                         |                               |                      |                           |             | -                                                                                      |
|                                         |                                         |                               |                      |                           |             |                                                                                        |
|                                         |                                         |                               |                      |                           |             |                                                                                        |
| PHONE:                                  | ,                                       |                               | FAX:                 | _                         | E-MAIL:     |                                                                                        |
|                                         |                                         |                               | <u></u>              |                           |             | -                                                                                      |
|                                         | Original Sign                           |                               | •                    |                           |             |                                                                                        |
| PROPERTY C                              | OWNER(S)                                | : Attach                      | separate sheet if    | needed                    |             | Check box if Primary Contact                                                           |
|                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                               | •                    |                           |             |                                                                                        |
|                                         |                                         |                               |                      |                           |             |                                                                                        |
| _                                       |                                         |                               |                      |                           |             |                                                                                        |
|                                         |                                         |                               |                      |                           |             |                                                                                        |
| SIGNATURE:                              |                                         |                               |                      |                           |             |                                                                                        |
|                                         | Original Sign                           |                               |                      | _                         |             |                                                                                        |
| The Director has depotentially affected | etermined that<br>property owne         | City-initiated<br>ers because | d text amendment app | may be adversely          | affected by | de identification and authorization of all the application will be notified of and 86. |
|                                         | · · · · · · · · · · · · · · · · · · ·   | PROPE                         | RTY INFORMA          | TION (IF APP              | LICABL      | .E)                                                                                    |
| SITE ADDRESS:                           |                                         |                               |                      | GEOGRAP                   | HIC AREA    | A TO BE IMPACTED:                                                                      |
| ASSESSOR'S MAP                          | & TAX LOT#                              | LOT SIZE                      | ZONING DISTRICT      |                           |             |                                                                                        |
|                                         |                                         |                               | <del></del>          | PROPOSEI                  | D ACTION    | l:                                                                                     |
| EXISTING USE OF SITE:                   |                                         |                               | PRE-APPL             | PRE-APPLICATION DATE: N/A |             |                                                                                        |

**TEXT AMENDMENT** 

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# **TEXT AMENDMENT SUBMITTAL CHECKLIST**

| WRITT     | EN STATEMENT REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                              |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A         | . APPLICATION FORM. Provide one (1) completed applie                                                                                                                                                                                                                                                                                                                                                 | cation form with original signature(s).                                                                                                                                                                      |
| В         | . CHECKLIST. Provide one (1) completed copy of this on                                                                                                                                                                                                                                                                                                                                               | e (1) page checklist.                                                                                                                                                                                        |
| c         | WRITTEN STATEMENT. Submit three (3) copies of a deamendment identifying the text including chapter and sect the proposed text amendment language, and the reason written statement shall also provide individual findings proposal satisfies each of the criteria specified in Section City's Development Code (ORD 2050), attached. Also Criteria from Section 40.03 of the City's Development Code | tion references proposed for amendment, (s) for the text amendment proposal. The specifically addressing how and why the 40.85.15.1.C.1-7 (Approval Criteria) of the address all Facilities Review Technical |
| D         | . FEES, as established by the City Council. Make checks                                                                                                                                                                                                                                                                                                                                              | payable to the City of Beaverton.                                                                                                                                                                            |
| E         | PRE-APPLICATION CONFERENCE NOTES. (REQUIRE INITIATED BY THE CITY OF BEAVERTON ONLY) Provide a summary as required by the City's Development Code Conference must be held within the one (1) year prior project application.                                                                                                                                                                          | a copy of the pre-application conference Section 50.25.1.E. The Pre-Application                                                                                                                              |
| missing   | rovided all the items required by this one (1) page sub information, omissions or both may result in the application.                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |
| Print Naı | ne                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone Number                                                                                                                                                                                             |
| Signatur  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                             | Date                                                                                                                                                                                                         |



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## **TYPE 4 TEXT AMENDMENT - APPROVAL CRITERIA**

PURSUANT TO SECTION 50.25.1.B OF THE DEVELOPMENT CODE, A WRITTEN STATEMENT ADDRESSING THE APPROVAL CRITERIA FOR AN APPLICATION MUST BE SUBMITTED IN ORDER FOR AN APPLICATION TO BE DEEMED COMPLETE. STATEMENTS SUCH AS "NOT APPLICABLE" OR "THE PROPOSAL WILL COMPLY WITH APPLICABLE DEVELOPMENT REGULATIONS" ARE NOT SATISFACTORY. THE WRITTEN STATEMENT MUST ADDRESS EACH CRITERION AND MUST SPECIFY IN DETAIL HOW EACH WILL BE COMPLIED WITH.

An applicant for Text Amendment shall address compliance with all of the following Approval Criteria as specified in 40.85.15.1.C.1-7 of the Development Code:

| 1. | The proposal satisfies the threshold requirements for a Text Amendment application.                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | All City application fees related to the application under consideration by the decision making authority have been submitted.                      |
| 3. | The proposed text amendment is consistent with the provisions of the Metro Urban Growth Management Functional Plan.                                 |
| 4. | The proposed text amendment is consistent with the City's Comprehensive Plan.                                                                       |
| 5. | The proposed text amendment is consistent with other provisions within the City's Development Code.                                                 |
| 6. | The proposed amendment is consistent with all applicable City ordinance requirements and regulations.                                               |
| 7. | Applications and documents related to the request, which will require further City approval, shall be submitted to the City in the proper sequence. |